

SAMPLE
Joint Practice Agreement for
Prescribing Schedule II-IV Medications

This Joint Practice Agreement (the "Agreement") is entered into this ____ day of the month of _____ in the year _____ by and between _____, Advanced Registered Nurse Practitioner (hereinafter the "ARNP") and _____ MD/DO.

WHEREAS, the ARNP and the MD/DO desire to enter into a Joint Practice Agreement for purposes of implementing RCW 18.79.050 completing ARNP authority to prescribe and dispense Schedule II-IV Medications.

The parties shall agree as follows:

1. The ARNP may prescribe and dispense Schedule II-IV medications as permitted under RCW 18.79.050 and may collaborate with a MD/DO in connection with the prescription of Schedule II-IV medications.
2. This agreement does not serve as a substitute for the independent clinical judgment of the ARNP based on the specific needs of the patient and this agreement does not place increased liability on the MD/DO for those decisions made by the ARNP.
3. Either party can revoke this agreement at any time with written notification to the Nursing Care Quality Assurance Commission.
4. Description of when the ARNP will collaborate with the MD/DO.

5. Description of how collaboration will occur? (Face-to-face, e-mail, telephone, etc.) _____

6. Description of how collaboration will be documented?

Name of ARNP – Write legibly

Name of MD/DO– Write legibly

Signature of ARNP

Signature of MD/DO

ARNP License # AP

MD/DO License #

ARNP Expiration date

MD/DO expiration date

RN expiration date

Primary physical address of ARNP
practice

Primary physical address of MD/DO
practice

Return form to:
Department of Health
Attn: ARNP Desk
P.O. Box 1099
Olympia, WA 98507-1099
(360) 236-4708
www.doh.wa.gov/nursing